

HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE

SUITE 1900

LOS ANGELES, CA 90071

Tel.: (213) 337-6700

Fax: (213) 337-6701

RECEIVED

CENTRAL FAX CENTER

AUG 08 2006

IMPORTANT NOTICE**TELECOPY/FACSIMILE COVER LETTER**

WASHINGTON, DC
BRUSSELS
BUDAPEST*
LONDON
MOSCOW
PARIS*
PRAGUE*
TOKYO
WARSAW
BALTIMORE, MD
BOULDER, CO
COLORADO SPRINGS, CO
DENVER, CO
IRVINE, CA
MCLEAN, VA
MIAMI, FL
NEW YORK, NY (PARK AVE)
NEW YORK, NY (THIRD AVE)
ROCKVILLE, MD

*Affiliated Office

TO: U.S. Patent and Trademark Office

Examiner: Chuong A. Lun

Art Unit: 2818

DATE: August 8, 2006

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 12

The attached information is CONFIDENTIAL and is intended only for the use of the addressee(s) named above. If the reader of this message is not the intended recipient(s) or the employee or agent responsible for delivering the message to the intended recipient(s), please note that any dissemination, distribution or copying of this communication is strictly prohibited. Anyone who receives this communication in error should notify us immediately by telephone and return the original message to us at the above address via the U.S. Mail.

MESSAGE:

Patent Application No.: 10/786,890/ 81880.0114

I hereby certify that the following documents:

☒ Amendment Transmittal/Amendment

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

08/08/2006

Date of Deposit

Rhonda J. Hurt
Rhonda J. Hurt

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2818

CLIENT NUMBER: 81880.0114

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Rhonda Hurt)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**
CENTRAL FAX CENTER

In re application of:

Yoshio SHIMOAKA

Serial No: 10/786,890

Filed: February 25, 2004

For: PRINT MASK AND METHOD OF MANUFACTURING
ELECTRONIC COMPONENTS USING THE SAME

Art Unit: 2919

AUG 08 2006

Examiner: Chuong A. Luu

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 8, 2006

Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

Signature

08/08/2006

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 8, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

FORM PTO-1083

Attorney Docket No.: 81880.0114
Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

In re application of:

Yoshio SHIMOAKA

Serial No: 10/786,890

Filed: February 25, 2004

For: PRINT MASK AND METHOD OF MANUFACTURING
ELECTRONIC COMPONENTS USING THE SAME

Art Unit: 2919

Examiner: Chuong A. Luu

AUG 08 2006

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 8, 2006

Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

Signature

08/08/2006

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 8, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Appl. No. 10/786,890
Amdt. Dated August 8, 2006
Reply to Office Action of May 8, 2006

Attorney Docket No. 81880.0114
Customer No.: 26021

RECEIVED
CENTRAL FAX CENTER

AUG 08 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshio SHIMOAKA
Serial No: 10/786,890
Confirmation No.: 3529
Filed: February 25,2004
For: PRINT MASK AND METHOD OF
MANUFACTURING ELECTRONIC
COMPONENTS USING THE SAME

Art Unit: 2919
Examiner: Chuong A. Luu

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 8, 2006
Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

08/08/2006

Signature

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 8, 2006, please consider the following remarks:

Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.